

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 09, 2005 8:00 am
Secretary of State

09-09-2005 90031 037 *****61.75

DOCUMENT # N03000010560 1. Entity Name FOUNTAIN OF GOD MINISTRIES FAMILY CENTER INC.			
Principal Place of Business 1795 N W 94 AVE CORAL SPRINGS, FL 33071		Mailing Address 1795 N W 94 AVE CORAL SPRINGS, FL 33071	
2. Principal Place of Business 1675 N. W 94 Ave Suite, Apt. #, etc.		3. Mailing Address P.O. BOX 970015 Suite, Apt. #, etc.	
City & State Coral Springs FLA Zip 33071		City & State COCONUT CREEK FL Zip 33097	
4. FEI Number 68-0504765		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WILLIAMS, W K 6204 NW 10 ST MARGATE, FL 33063		7. Name and Address of New Registered Agent Name Williams, W Keith Street Address (P.O. Box Number is Not Acceptable) 1675 N. W 94 AVE Coral Springs FL City FL Zip Code 33071	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u><i>W. Keith Williams</i></u> DATE <u>9/1/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PP WILLIAMS, KEITH 6204 NW 10 ST MARGATE, FL 33063 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT WILLIAMS, VALERIE 6204 NW 10 ST MARGATE, FL 33063 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST KOSEC, RUBY P O BOX 970015 COCONUT CREEK, FL 33097 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u><i>W. Keith Williams</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>9/1/05</u> Daytime Phone # <u>954-510-7576</u>	

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